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Country note**

Mali

Summary

The Executive Director presents the country note for Mali for a programme of cooperation for the period 2003 to 2007.

The situation of women and children

1. Mali is a West African landlocked country with a population of 10.5 million inhabitants. Those under 18 years of age represent 55 per cent of a total population that is increasing by 2.9 per cent per year. With a per capita income of US$ 284 and an average per capita real growth rate of 1.2 per cent per year during the 1990s, Mali is still dependent on international aid and the agricultural sector, which is extremely vulnerable to climatic vagaries. Ranked 165th out of 174 countries according to the Human Development Index of the United Nations Development Programme (UNDP), Mali has just adopted a strategic framework for combating poverty, which affects 69 per cent of the population. As a result of the Heavily Indebted Poor Countries initiative, Mali has undertaken to increase the budget for essential social services, which still remains below the targets of the 20/20 initiative.

2. The preliminary results of the Demographic and Health Survey 2001 show that the infant and child mortality rates went, respectively, from 123 and 238 per 1,000

* E/ICEF/2002/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2002.

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live births in 1996 to 111 and 226 per 1,000 live births in 2001. The neonatal mortality rate is 56 per 1,000 live births. A good start in life for children is also affected by the consequences of a very high maternal mortality rate (577 per 100,000 live births), linked, inter alia, with inadequate care in obstetrical emergencies, high fertility and a very low prevalence of modern contraception among sexually active women (5.9 per cent), which remains unchanged since 1996. The vulnerability of young children is aggravated by protein and caloric malnutrition (40 per cent of children under the age of five are moderately or seriously underweight), micronutrient deficiencies and infections arising from water supply or respiratory factors. The launching in 1998 of the Ten-Year Health and Social Development Programme (PRODESS) has made it possible to step up the reform of the health system based on the principles of the Bamako Initiative. In 2000, 59 per cent of the population were less than 15 kilometres from a community health centre. Nevertheless, the effective demand for and use of health services come up against socio-cultural, economic and qualitative constraints. Thus, the percentage of children who had received three doses of vaccine against diphtheria, pertussis and tetanus by their first birthday was only 34 per cent in 2000.

3. The high rate of illiteracy among women, the socio-cultural barriers and the heavy family and economic burdens that fall on them limit the acquisition of knowledge, attitudes and practices to promote an integrated approach to young child development. Thus, in 2001, only 12.4 per cent of children aged 0-5 months were exclusively breastfed, while 30 per cent of cases of diarrhoea were orally rehydrated, rates which show no improvement over 1996. Furthermore, excision is still widely spread, 92 per cent of women being subjected to it, 41 per cent of them aged between 0 and 4 years.

4. The target of Education for All is still a major challenge, particularly education for girls. The family and community environment frequently offers few opportunities for young child stimulation and pre-schooling, whether formal or non-formal. The crude enrolment rate went from 47 per cent in 1996-1997 to 58 per cent in 1999-2000. In 1998-1999 the girls/boys ratio was 0.71 per cent. In 1999-2000 the completion rate was 43 per cent for girls, as against 53 per cent for boys. A study on school achievements (1999) showed that boys were more successful than girls and that public and Koranic schools performed least well. Early marriage, early and multiple pregnancies and the involvement of girls in the family economy are obstacles to the enrolment of girls in school and the acquisition of skills likely to protect them from all forms of exploitation and HIV/AIDS.

5. Poverty and the inadequacies of the school system lie behind the phenomenon of child migration, which places them in situations of vulnerability involving child trafficking and child labour, economic exploitation and delinquency. In addition, the inadequate legal framework with regard to the provisions of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women increases the risks of violence against and abuse and exploitation of children.

6. The prevalence of HIV among the general population was estimated at 3 per cent in 1998. The prevalence of the infection is twice as high among young women ages from 15 to 24 years than among young men in the same age group. Moreover, the number of new-born children infected annually by mother-child transmission is estimated at 7,000, or 1.5 per cent of births.

Lessons drawn from the recent experience of the programme

7. The mid-term review carried out in November 2000 recommended taking greater account of emerging priorities such as HIV/AIDS and the "Roll Back Malaria Initiative". Of the six lessons drawn from analysis of recent cooperation, the first notes that the sectoral approach was maintained in project implementation and recommends that the structure of the cooperation programme should reflect to a greater degree the interdependence of rights and the hierarchy of the problems specific to each period of the life cycle. The second notes the difficulty of evaluating the impact of the contribution of the cooperation programme to the implementation of the sectoral investment programmes for health (PRODESS) and education (Ten-Year Programme for the Development of Education (PRODEC)), especially because of geographic dispersion and the diversity of the activities supported, and recommends: (a) the development of a mechanism to measure more effectively the contribution of the cooperation programme to the achievement of the objectives of PRODESS and PRODEC; (b) greater geographic and inter-sectoral concentration of UNICEF support; and (c) the use of geographically referenced databases as a tool for decentralized planning, management and monitoring.

8. The third lesson notes the weakness of communication to support behavioural changes and recommends the strengthening of national capacities in that area. The fourth recommends the adoption of charters committing community participation structures to seek male/female parity in consultative and decision-making bodies. The fifth notes the constraint linked to the lack of a critical mass of human resources in the implementation of essential social services and recommends the continuation of support for training schools for nurses and teachers, with a view to decentralized management of human resources, particularly with regard to assignment, and the institution of measures to encourage the achievement of gender parity. The sixth lesson notes the inadequacy of provisions linking the responsibility and remuneration of actors to an obligation to produce results in accordance with a negotiation process. It recommends the use of performance contracts incorporating incentives.

Strategy proposed for the country programme

9. The strategic framework proposed, which is intended to complement the interventions of the other partners in the context of the implementation of national sectoral investment plans, results from a participatory process and the establishment of consistency between: (a) the problems identified by the situational analysis and the Common Country Assessment; (b) national policies, strategies and programmes, such as the national plan of action for the survival, development, protection and participation of children and women and the strategic framework for combating poverty; (c) the UNICEF medium-term strategic plan; and (d) the new Global Agenda for Children. Any necessary modifications resulting from the adoption of the second United Nations Development Assistance Framework, envisaged for the first quarter of 2002, will be reflected in the country programme recommendation that will be submitted to the Executive Board in September 2002. It should be noted that the programme cycles of the United Nations funds and programmes operating in Mali (the United Nations Population Fund, the World Food Programme, UNDP and UNICEF) are harmonized.

10. The aim of the cooperation programme is to facilitate and promote respect for and protection and implementation of the rights of children and women in Mali. The programme will help to: (a) ensure a good start in life for young children, so that they are born in favourable conditions and develop harmoniously on the physical, psychological and social levels, in a stimulating environment; (b) ensure access to good-quality education for all, according priority to girls, in order to give them a better preparation for life; (c) ensure the protection of children against all forms of violence, abuse and exploitation; (d) ensure the building of a society that respects the rights of children and women; and (e) reduce the vulnerability of children and adolescents, particularly girls, with regard to infection and the impact of HIV/AIDS.

11. The strategies for attaining these objectives concern: (a) the mobilization, sensitization and empowerment of families and communities by the implementation of an integrated information, education and communication package; (b) the revitalization of essential social services on a basis of quality and financial and geographical accessibility by improvement of the technical level, the rationalization of services and community participation; and (c) enhancement of the capacities of decision makers and officials in the definition and implementation of a legal framework, policies and appropriate national strategies.

12. In accordance with the recommendations of the mid-term review, the programme will also aim to: (a) strengthen partnership with local communities in the context of the policy of decentralization, with civil society and with the private sector; (b) promote results-based management, particularly through performance contracts; (c) take into account best practices documented at the national and international levels; (d) prepare for and participate in a system for rapid response in the event of emergencies and natural catastrophes; and (e) ensure the geographical convergence and the coordination of sectoral support in areas of concentration and the assignment of responsibilities to them for the attainment of and coverage objectives in those areas.

13. The selection of areas of concentration will respond to certain criteria such as complementarity with the assistance of other partners, the anteriority of UNICEF support, the extent of the problems or, again, a balance between respect for the principles of non-discrimination and universality, on the one hand, and concern for a better cost-efficiency relation on the other. Some interventions will, however, have national coverage, in particular those concerning institutional reinforcement relating to statistics and analyses and the formulation of operational policies and strategies and those having objectives of national scope, such as the expanded programme of immunization (EPI) or the combating of micronutrient deficiencies.

14. The country programme will comprise four programme components. The programme response to problems of a complex and intersectoral nature, such as HIV/AIDS, the combating of excision and communication for behavioural change, will be taken into account within the framework of each component and managed, at the UNICEF level, by the intersectoral thematic teams. The monitoring and evaluation of project performance and programme contribution in the areas of concentration will be done through the implementation of community-based information systems for decision-making purposes, in the context of each component.

15. The **young child survival and development** component will help to ensure a good start in life for young children, in particular: (a) their survival, through

integrated care for childhood ailments, including malnutrition, EPI (immunization plus) drinking water supply and the implementation at the family and community level of essential practices relating to nutrition, hygiene and prevention of communicable diseases, in particular malaria through the promotion of impregnated mosquito nets utilizing the achievements of the Bamako Initiative; (b) their psychomotor development and early learning, through parental education, the development of informal community pre-school learning centres and the implementation of prevention programmes aimed at identifying situations of violence and abuse; and (c) appropriate measures to meet maternal health and reproductive and perinatal health needs, through the strengthening of the referral/consultation system, and to prevent mother-child transmission of HIV/AIDS.

16. The **education for life** component will help to ensure access to good-quality education for all school-age children in the areas of concentration and to equip adolescents, in particular girl drop-outs or girls who have not been enrolled in school, with life skills. One segment will support PRODEC in the revitalization and extension of school infrastructures, in accordance with the "child- and girl-friendly" school approach, by promoting the empowerment of local actors and the participation of children in school life, school health and the endeavour to achieve gender parity and the monitoring of school achievement, including the acquisition of skills in relation to HIV/AIDS. Another segment will concern functional literacy training and life skills education for girls who have never attended school or who have dropped out and the use of peer educators in preventing HIV infection among adolescents.

17. The **protection** component will help to ensure the protection of children against all forms of violence, abuse and exploitation. It will comprise a first segment relating to the strengthening of the legal environment to ensure that the rights of children and women are better protected, respected and implemented. A second segment, through activities for prevention, care and reintegration, will concern special protection for children who are victims of violence, trafficking, abuse, exploitation and those affected or infected by HIV/AIDS.

18. The component **promotion of a culture of rights** will help to ensure the building of a society that encourages protection, respect and implementation of the rights of the child and women. Beginning with the strengthening of national capacities in the area of the production of reliable, representative and disaggregated statistics and relevant analyses, measures for monitoring the situation and the rights of children and for joint advocacy will be developed with a view to sensitizing, increasing awareness and changing the behaviour of decision makers and leaders, at the level of decentralized communities also. This component will also include implementation of the integrated monitoring and evaluation plan.

19. The cross-sectoral cost will include the costs of technical and administrative assistance for programme implementation.

Estimated programme budget

Estimated programme cooperation, 2003-2007[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Young child survival and development	10 000	12 000	22 000
Education for life	9 000	7 000	16 000
Protection	2 084	2 500	4 584
Promotion of a culture of rights	1 800	1 000	2 800
Cross-sectoral costs	1 800	-	1 800
Total	**24 684**	**22 500**	**47 184**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.